



**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection – Drinking Water Program  
**2003 Public Water Supply Annual Statistical Report**  
 For Drinking Water Vending Machines. This Form is for the 1/1/2003 – 12/31/2003  
 Reporting Period

TNC VEND
PWSID#:
Name:
City/Town:

Please answer the following questions, fill out a separate page for each installation.

## **A GENERAL INFORMATION**

Please use  
the tab key  
to move  
forward.



If you press  
the enter  
key, please  
press the  
backspace  
key until the  
form returns  
to normal.

Owner's Name	Phone #
Owner's Address	
City/Town	State Zip Code
Owner's E-mail Address	Fax #
Name of Manufacturer	Vending Machine Make Model
Location of Vending Machine	
Vending Machine's Physical Address	
City/Town	State Zip Code
Date Approved by DEP	
Name of Operator	MA Cert License # Grade Exp Date
Operator's Address	
Phone #	Fax #
Operator's E-mail Address	

## **B PWS & Source Information**

Please  
answer the  
following  
questions or  
attach a copy  
of your  
maintenance  
log sheet for  
this machine  
for the period  
1/1/2003-  
12/31/2003

- Gallons of water vended? \_\_\_\_\_ Gallons
- Number of Customers: (Daily Average): ☐ No Change  
 Number of customers per day for Winter (Oct – Mar): \_\_\_\_\_  
 Number of customers per day for Summer (Apr– Sep): \_\_\_\_\_  
 Total Number of Customers yearly: \_\_\_\_\_
- How is your water source supplied?  
☐ Trucked from an approved PWS source    ☐ Connected to PWS system    ☐ Approved Source on site  
**If you own the source(s) that supplies the water to the vending unit you must supply to the department a standard TNC form for the system the source is associated with.**

Name of Source	Source ID#
Location of Source:	
Name of PWS Supplying Water:	PWS ID#:



**Massachusetts Department of Environmental Protection**  
**Bureau of Resource Protection – Drinking Water Program**  
**2003 Public Water Supply Annual Statistical Report**  
*For Drinking Water Vending Machines. This Form is for the 1/1/2003 – 12/31/2003 Reporting Period*

TNC VEND - 2003

TNC VEND  
PWSID#:  
Name:  
City/Town:

**C Maintenance and Operation**

1. Within the past year (2003), how often were the following services performed?

Service(s) Performed	Monthly	Every 3 Months	Semi-Annually	Annually	Other
Replace Filters on processing unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disinfection of the system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Replace Pre-filters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check components for leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flush system for 15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test pressure switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Replace UV lamp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test all fail-safe mechanisms*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test backflow preventions devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test for Bacteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test for Nitrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test for Sodium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test for TDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Tests (specify: )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\* EX: Loss of water supply or UV power, low water pressure or UV lamp output, high or low level storage tank excellence , any alarm condition, etc.

2. Where is the waste water from the dispenser overflow (spillage) and/or Reverse Osmosis System Discharged?

3. If discharging into a waste-line(sewage). Is the discharge air gaped? Yes ☐ No ☐  
If No please explain \_\_\_\_\_

4. Have you received any code violation notices from the Massachusetts Department of Public Health or the Local Board of Health for this water vending machine? Yes ☐ No ☐  
If Yes, Please explain on a separate sheet of paper and attach.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, that I am authorized to fill out these forms, and that the information contained herein is true, accurate, and complete to the best of my knowledge and belief.

Signature of Owner /Operator

Date